## PATENT APPLICATION EE DETERMINATION RECORD

Effective December 8, 2004

**Application or Docket Number** 10/540401

|   |  | CLAIMS A  |   | SMALL ENTITY TYPE             |   |                  | OR    | OTHER THAN SMALL ENTITY |                        |       |                  |                        |
|---|--|---|---|-------------------------------|---|------------------|-------|-------------------------|------------------------|-------|------------------|------------------------|
|   |  | (Column 1)                                      |   | (Column 2)                    |   | 1176             |       |                         | OIX<br>I               | SWALL |                  |                        |
| U.S. NATIONAL STAGE FEES                                      |  |   |   |                               |   |                  |       | TE                      | FEE                    |       | RATE             | FEE -                  |
| BASIC FEE   |  |   | SMALL ENT. :  | = \$ 150                      | LARGE ENT. = \$ 300                       |                  | BASIE | EE                      | , •                    | OR    | BASIC FEE        | 766                    |
| EXA   | NINATION FEE                                   |   | Satisfies PCT Art<br>(4) = \$50 /                     |                               | All other situations = \$ 100 / \$ 200    |                  | EXAM  | 是形                      |                        |       | EXAMPLE B        | 200                    |
| SEA   | RCH FEE  |   | U.S. is ISA = \$ 9<br>ALL other cour<br>\$ 200 / \$ 4 | ntries =                      | All other situations =<br>\$ 250 / \$ 500 |                  | SEARC | ۸.                      | ·                      |       | SEARCH FEE       | 400                    |
| FEE   | FOR EXTRA S                                    | PEC. PGS.                                       | minu  | s 100 =                       | / 50 =                                    |                  |       | 25 =                    |                        |       | X \$ 250 =       |                        |
| тоти  | AL CHARGEAB                                    | BLE CLAIMS                                      | minus 20 = .  |                               |   |                  | XS    | 25 =                    |                        | OR    | X \$ 50 =        |                        |
| INDE  | PENDENT CL                                     | AIMS  | minus 3 = .   |                               |   | <i>'</i>         | X\$   | 100 =                   |                        | OR    | x \$ 200 =       |                        |
| MUL   | TIPLE DEPENI                                   | DENT CLAIM PRE                                  | ESENT   |                               |   |                  | 74 t  | 180 =                   |                        | OR    | + \$ 360 =       |                        |
| * If  | the difference                                 | in column 1 is                                  | less than zero  | than zero, enter "0" in colu  |   |                  | то    | TAL                     |                        | OR    | TOTAL            | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |  |   |   |                               |   |                  |       | MALL E                  | NTITY                  | OR    | OTHER<br>SMALL E | NŢĬŢŶ                  |
| AMENDMENT A   | ,  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |   | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                              | PRESENT<br>EXTRA | R/    | RATE                    |                        |       | RATE             | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus   | **                            |   | =                | X \$  | 25 =                    |                        | OR    | X \$ 50 =        |                        |
|   | Independent                                    | *   | Minus   | ***                           |   | =                | . ×\$ | 100 =                   |                        | OR    | X \$ 200 =       |                        |
| `   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                               |   |                  | +\$   | 180 =                   |                        | OR    | + \$ 360 =       |                        |
|   | <u> </u>                                       |   |   |                               |   |                  |       | L ADDIT.                |                        | OR    | TOTAL ADDIT. FEE |                        |
|   |  |   |   |                               |   |                  |       |                         |                        |       |                  |                        |
| AMENDMENT B   |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT | ·   | HIGH                          | IEST<br>IBER<br>OUSLY                     | PRESENT<br>EXTRA | R     | ATE                     | ADDI-<br>TIONAL<br>FEE |       | RATE             | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus   | **                            |   | =                | X     | 25 =                    |                        | OR    | X \$ 50 =        |                        |
|   | Independent                                    | *   | Minus   | ***                           |   | =                | X \$  | 100 =                   |                        | OR    | X \$ 200 =       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                               |   |                  |       | 180 =                   |                        | OR    | + \$ 360 =       |                        |
| H   |  |   |   |                               |   |                  |       | L ADDIT                 |                        | OR    | TOTAL ADDIT.     |                        |
|   |  |   |   |                               | -   |                  |       | ÷                       | . —————                | -     |                  |                        |
|   | If the option is an                            | lumn 1 is less than t                           | he entry in column                                    | 2 write "∩"                   | ' in colum                                | n 3.             |       |                         |                        |       |                  |                        |

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.